INPLASY PROTOCOL

To cite: Zou et al. Asian and Non-Asian in the first line treatment of advanced EGFRmutant non-small cell lung cancer: a meta-analysis of randomized controlled trials. Inplasy protocol 2020100019. doi:

10.37766/inplasy2020.10.0019

Received: 05 October 2020

Published: 06 October 2020

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Support: None.

Review Stage at time of this submission: The review has not yet started.

Conflicts of interest: None. Asian and Non-Asian in the first line treatment of advanced EGFRmutant non-small cell lung cancer: a meta-analysis of randomized controlled trials

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Review question / Objective: Patient: Patients with non-small cell lung cancer(NSCLC) harboring epidermal growth factor receptor(EGFR) mutation; Intervention: Tyrosine kinase inhibitors(TKIs) with or without anti-VEGFR; Comparison: TKIs or chemotherapy; Outcomes: OS, PFS; Study design: Randomized controlled trial.

Condition being studied: Non-small cell lung cancer(NSCLC) is common malignancies with poor prognosis. Recently, epidermal growth factor receptor tyrosine kinase inhibitors(EGFR-TKIs) has improved in advanced NSCLC patients, especially lung adenocarcinoma patients with EGFR mutation. There are a wide variety of EGFR-TKIs currently in clinical practice, and studies of these drugs have included populations with many different baseline characteristics, including ethnicity. Therefore, this meta-analysis will analyze which is optimal of EGFR-TKIs in Asian and non-Asian patients, respectively.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 06 October 2020 and was last updated on 06 October 2020 (registration number INPLASY2020100019).

INTRODUCTION

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METHODS

Participant or population: Patients with non-small cell lung cancer (NSCLC) harboring epidermal growth factor receptor (EGFR) mutation.

Intervention: Tyrosine kinase inhibitors (TKIs) with or without anti-VEGFR

Comparator: Tyrosine kinase inhibitors (TKIs) or chemotherapy

Study designs to be included: Any randomized controlled trials (RCTs) involving OS, PFS of TKIs for treating EGFR positive NSCLC will be included.

Eligibility criteria: Eligibility criteria: 1. The searching language is English; 2. All included studies were RCTs and had clinical outcomes, such as OS, PFS; 3. All included studies had clear baseline characteristics of patients and EGFR mutation status; 4. All included studies included subgroup-analysis data required for meta-analysis.

Information sources: Pubmed, Embase, Cochrane Library, ASCO.org, ESMO.org

Main outcome(s): OS, PFS.

Quality assessment / Risk of bias analysis: We assessed the methodological quality of the included studies by using the Cochrane Collaboratioin's tool for assessing risk of bias. R(ver. 3.6.3) and STATA(ver16.0) were used to assess the quality of studies. Strategy of data synthesis: We synthesized all direct and indirect evidence to compare the efficacy of different treatments, reported as hazard ratios for survival outcomes (progression free survival and overall survival) along with corresponding 95% confidential intervals. The primary outcome was progression free survival. Secondary outcomes were overall survival. We generated network plots for different outcomes of different targeted patients to illustrate the geometries, to clarify which treatments were compared directly or indirectly in the included studies. We did frequentist, fixed effects, pairwise metaanalysis on head-to-head comparisons based on two or more trials. We assessed heterogeneity between studies using the Q test and I2 statistic within a visual forest plot. Statistical significance was set at a P value of 0.05. Heterogeneity was considered low, moderate, or high for estimated I2 values under 25%, between 25% and 50%, and over 50%, respectively.

Subgroup analysis: We will consider subgroups such as study design.

Sensibility analysis: If significant heterogeneity exists, sensitivity analysis will be performed.

Country(ies) involved: China.

Keywords: NSCLC; TKIs; Network metaanalysis; Asian; Non-Asian.

Contributions of each author:

Author 1 - Zihua Zou. Author 2 - Chengcheng Liu. Author 3 - Tongji Xie. Author 4 - Yixiang Zhu. Author 5 - Ziyi Xu. Author 6 - Puyuan Xing. Author 7 - Le Wang. Author 8 - Junling Li.